U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-Ö188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From: OI OI ZOOZ Through: DI ZOOZ 3. Name and address of person filing. Name GARY DI KVITTELMAN Name DA OPLOMBERS SERVE FINTERS LOCAL 23 Labor Organization File Number O7-22A P.O. Box, Bldg., Room No., if any Street 1905 CLEAR SKY DRIVER City ROCKFORD State IICA 2 ZIP Code +4 6109 State IICA 2 ZIP Code +4 5. Position in labor organization.	O'Ma	
3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name GARY D KYNTZELMAN Labor Organization File Number 607-22/A P.O. Box, Bldg., Room No., if any Street 1905 CLEAR SKY DRIVE STREET 1508 BOETNG DRIVE City ROCKFORD State LICA 2010 State ZIP Code +4 2010 State ZIP Code	1. File Number U - 12323	2. Fiscal Year Covered From:
Name GARY D KVNTIZELMAN Name DA PLOMPERS OR REFLITERS LOCAL Z3 Labor Organization File Number C07-22 A P.O. Box, Bidg., Room No., if any Street 1905 CEEAR SKY DRIVERS City ROCKFORD State 1906 State 210 Code +4 26109		01 / 01 / 2004 Through: 12 / 31 / 2004
Labor Organization File Number CO7-1224. P.O. Box, Bldg., Room No., if any Street 4905 CEEAR SKY DRIVE Street 4525 BOEING DRIVE City ROCKFORD State III State ZIP Code +4 2009 Stat	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any Street 4905 CEEAR SKY DRIVE Street 4525 BOEING DRIVE City ROCKFORD State ILL Street 21525 BOEING DRIVE City ROCKFORD State ILL State ILL Street 21525 BOEING DRIVE ZIP Code +4 20109 State ILL State ILL Street 21525 BOEING DRIVE ZIP Code +4 20109 State ILL Street 21525 BOEING DRIVE ZIP Code +4 20109	Name GARY DE KINTIZELMAN	Name DA PLUMBERS ENPERATERS LOZAL ZS
Street 4905 CLEAR SKY DRIVE Street 4525 BOSING DRIVE City ROCKFORD State VICAS IN John consistion of the street		Labor Organization File Number CO7-22A
City ROCKFOR'D City ROCKFORD State CITY ROCKFORD STATE ZIP Code +4 261109 State CITY ROCKFORD ZIP Code +4 261109	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
State ZIP Code + 4 ZENOS State ZIP Code + 4 ZENOS	Street 4905 CLEAR SKY DRIVE TO	Street 4525% BOSING TORNE KEEKS
5 Desition in John organization	City ROCKFOR'D	City RECKFORD WWW. STORMS TO SEE
5. Position in labor organization.	State ZIP Code +4 261169	State ZIP Code + 4

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name COLST TO SEE AND THE SECOND TO SECOND THE SECOND T	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	7.B. Arriodine
City 型数数型型型数数数数数数数数数数数数数	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

815-874-2120-10-1

Telephone Number

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Name of Person Filing	File Number U -
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade riame, if any).	9. Business deals with:
Name BCOMQUISTER COMPARING	a. Labor Organization
P.O. Box, Bldg., Room No., if any Street ONE ONE BROOK TERRALE, SULTE 812	c. Employer
City OAKBEOOK TERRANCE State ILLINOIS ZIP Code + 4 6018/	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ROCKFORD PIRETRADES MOUSTRY HE WA	THE CHEALTH OF WELFARES TRUST PAYS BLOMQUISTS FOR CONSULTING
Trade Name, if any:	SERVICES TO THE TAXABLE PROPERTY.
P.O. Box, Bldg., Room No., if any	
Street 4275 BOEING DRIVE TO THE STREET	11.b. Approximate dollar value of such dealing.
City ROCKFORD	12.a. Nature of interest held or income received.
State ZIP Code + 4 ZONO 9	BUSINESS MEETINGS WERE CONDUCTE OVER MISC MEALS GOLF AND SPORTING EVENTS

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street		
City Carlotte Company		
State ZIP Code + 4 ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

12.b. Amount.